

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

03/30/04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5	/					
6		/				
7		/				
8		/				
9	/					
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23	/					
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25	/					
26		4				
27		9				
28		17				
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47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	51					
TOTAL CLAIMS	60					

	IND	DEP	IND	DEP	IND	DEP
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52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						